



**National Association of State EMS Officials**

201 Park Washington Court Falls Church, VA 22046-4527 www.nasemso.org  
703-538-1799 fax 703-241-5603 info@nasemso.org

August 4, 2006

Mr. Kevin L. Martin, Chairman  
Federal Communications Commission  
Washington, D.C. 2055

Re: EB Docket No. 06-119. In the Matter of Recommendations of the Independent Panel  
Reviewing the Impact of Hurricane Katrina on Communications Networks

Dear Mr. Martin:

The National Association of State Emergency Medical Services Officials (NASEMSO), submits these comments in response to the Commission's Notice of Proposed Rulemaking (NPRM) in the above proceeding. The NPRM addresses the recommendations of the Commission's Independent Panel Reviewing the Impact of Hurricane Katrina on Communications Networks (Panel).

Our Association is an active member in the National Public Safety Telecommunications Council (NPSTC). We have therefore participated in the formulation and approval of NPSTC's comments in response to the report of the above proceeding. Nothing in this filing diminishes the importance of the broader considerations that constitute NPSTC's comments. We are primarily commenting on the specific report recommendations related to the emergency medical services community in this nation.

We would, however, first specifically amplify NPSTC's comments on the importance of recognizing the wide use of VHF and UHF frequencies across the nation in matters of creating stock-pile and other capacity. Since the early 1970's, the EMS community in both rural and urban areas has primarily depended on VHF and UHF spectrum segments for voice and biotelemetry purposes. While some urban systems have moved to 700/800MHz networks, the metropolitan areas in which they reside also contain the specialty medical centers with which suburban and rural EMS providers must communicate. Therefore, even in those systems VHF and UHF capabilities must be preserved in day-to-day and disaster operations.

The Panel's recommendations include a section entitled "**4. Essential Steps in Addressing Lessons Learned Concerning Emergency Medical and Hospital Communications Needs – An Outreach Program to Educate and Include the Emergency Medical Community in Emergency Communications Preparedness**". We appreciate the specific attention to the unique nature of the provision of emergency medical services by agencies of multiple types and sectors (public and private).

Coincidentally, a June, 2006 comprehensive review of the Nation's emergency medical services by the National Academy of Science's Institute of Medicine (IOM) found:

*"A single population center may have many different EMS agencies—some volunteer, some paid, some based in fire departments, others operated by hospitals or private companies—and these agencies do not always interact with one another effectively... EMS workers often cannot even communicate with police and fire departments because they lack compatible communications equipment or operate on different frequencies. Furthermore, EMS agencies in one jurisdiction are often unable to communicate with those in adjoining areas."*

With regard to the Panel's recommendations in the section cited above, we endorse those recommendations and offer the service's of NASEMSO, its staff and members (the state EMS officials who help shape as well as regulate EMS systems in their states) to implement them. Specifically, these recommendations are:

"The FCC should work to assist the emergency medical community to facilitate the resiliency and effectiveness of their emergency communications systems. Among other things, the FCC should:

- a. Educate the emergency medical community about emergency communications and help to coordinate this sector's emergency communications efforts;
- b. Educate the emergency medical community about the various priority communications services (*i.e.*, GETS, WPS and TSP) and urge them to subscribe;
- c. Work with Congress and the other appropriate federal departments and agencies to ensure emergency medical personnel are treated as public safety personnel under the Stafford Act; and
- d. Support DHS efforts to make emergency medical providers eligible for funding for emergency communications equipment under the State Homeland Security Grant Program."

NASEMSO maintains a dedicated communications technology advisor/liaison who serves the same purpose for five other national EMS associations. He was a member of the FCC's Media Security and Reliability Council. We call upon the FCC to involve EMS in all planning and development discussions at this level and offer our staff's involvement accordingly.

We are developing a guide to communications technology planning for state EMS officials with the support of the National Highway Traffic Safety Administration. Our communications technology advisor assists state EMS directors in communications planning to be passed to regional and local communications systems, and encourages EMS involvement in Statewide Interoperability Executive Committees and at similar tables at the local and regional levels. We ask the FCC to echo this message in its dealings with such planning bodies. Participation is the first step in education.

We further encourage the FCC to encourage state and regional public safety communications bodies to consider the notion of establishing regional and statewide EMS communications coordinating centers. The IOM report cites at least one such system as an example:

*“A key component to the effective operational coordination the emergency care system in Maryland is the statewide EMS communications system. This system includes a communications center in Baltimore that dispatches the Maryland State Police medevac helicopters and provides communications and coordination between all components of the state EMS system including EMS, hospitals, trauma and specialty centers, and 911 dispatch facilities. For example, a paramedic in western Maryland can talk directly with a local ED physician or obtain on-line consultation with a specialty center in Baltimore. While local 9-1-1 centers initiate dispatch, they typically are too busy to follow patients through the continuum of care and coordinate healthcare facilities and major incidents. The EMS communications system provides these critical communications linkages that enable medical direction, coordination of patient distribution, and continuity of care on a day-to-day basis. The communications center also has direct links to incident command to facilitate the coordination of EMS and healthcare resources during major incidents.*

*“Over the past decade, the state has enhanced the communications system through the development of a digital microwave network which now connects emergency medical services with other public safety entities (police, fire, emergency management) and public health throughout the state.*

*“In addition, the state has developed a County Hospital Alert Tracking System (CHATS) that monitors the status of hospitals so that ambulances can be directed to less crowded facilities. This can also apply to individual services. For example, patients with acute coronary syndrome could be directed to facilities based on the current availability of reperfusion suites. The Facility Resource Emergency Database (FRED) system was designed to electronically gather detailed information from hospitals on bed availability, staffing, medications and other critical capacity issues during disasters, but is also used to communicate information to and from hospitals on day to day basis.”*

We presented the GETS, WPS, and TSP services of the National Communications System at the NASEMSO Annual Meeting last year and encouraged state EMS officials to educate local EMS leaders about its availability. We will do so again this year. If the FCC has a role to play in encouraging USDHS to disseminate the availability of this service at the grass roots level we encourage it in fulfilling that role.

Historically, non-governmental EMS agencies, particularly for-profit and hospital ambulance service providers have been barred from receiving federal assistance for system development and support. We welcome any assistance in broadly qualifying any agency that provides EMS in response to 9-1-1 calls as eligible for inclusion in grant programs and other treatment as equal public safety partners.

In summary, we would like the Commission to embrace EMS as a key component of future public safety planning activities. The need for improved communications including the transmission of sophisticated emergency diagnostic, resource management, and treatment information has the potential to make EMS one of the most significant public safety users of broadband resources in a number of spectrums. Those representing that aspect of public safety, public health, and medical services, a mix we call EMS, must represent itself as a unique system.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'R Bass', with a stylized, flowing script.

Robert Bass, MD  
President  
National Association of  
State EMS Officials